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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *SK*  
 This appln claims benefit of 60/459,971 04/04/2003

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *SK*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 06/03/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 20	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>SK</i> Examiner's Signature _____ Initials _____				

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TITLE  
 Weight scale for fluid collection bag of extracorporeal circuit

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